February

Breast Cancer

Total Mastectomy for Non-infiltrating Ca
Non-infiltrating breast carcinoma is best treated by total mastectomy, according to Ashikari and others (Memorial Hospital, New York, New York), who studied 175 patients over an 11-year period. Local wide excision was adequate treatment for some patients, but since histologic examination revealed multifocal lesions in 36 percent of mastectomy specimens, the total mastectomy appears indicated. None of these patients has developed recurrent disease, but 10 of them have had contralateral cancers.

Medical Adrenalectomy
Medical adrenalectomy may eventually be a feasible replacement for surgical adrenalectomy in suitable patients with metastatic breast carcinoma. Newsome and others (Medical College of Virginia, Richmond, Virginia) used aminoglutethimide and dexamethasone as a form of reversible medical adrenalectomy in 24 postmenopausal patients who were felt to have had hormone-dependent metastatic breast cancer. Six patients experienced adverse side-effects. Of the 18 remaining patients, 50 percent had a definite subjective or objective response to therapy. Of these patients, 13 underwent subsequent surgical adrenalectomy after a maximum of three months' trial of the medical regimen. In every case, the medical response correctly predicted the surgical response, indicating that the medical regimen may have value as an indicator of response to subsequent endocrine ablative therapy.

Internal Mammary Lymph Node Biopsy
Internal mammary lymph node metastases in breast cancer patients usually reflect generalized tumor spread, and therapy directed at these nodes has a negligible influence on cure of the disease. These are the conclusions of Donegan (Medical College of Wisconsin, Milwaukee, Wisconsin) based on 113 patients who had internal mammary lymph node biopsies at the time of radical mastectomy. Metastases were found in 25 patients. Local recurrence and 10-year mortality were significantly increased in the patients with positive biopsies, but it could not be demonstrated that treatment directed to them had any significant effect.
Anatomical Level of Involved Lymph Nodes

In breast cancer with positive axillary lymph nodes, does the anatomical level of the lymph node matter? This subject is frequently debated. Smith and others (M.D. Anderson Hospital, Houston, Texas) studied the records of 390 radical mastectomy patients and decided that it didn't make any real difference whether the involved nodes were in the proximal, middle or distal levels.

Survival Rates Among Indigent Cancer Patients

The survival prospects of an indigent cancer patient are much poorer than those of his more affluent brethren. Such is the finding of Berg and others (College of Medicine, University of Iowa, Iowa City, Iowa). They examined the relation of economic status to survival in 39 kinds of cancer representing all types for which 60 or more indigent patients received primary care in their institution in the last three decades. For every type, the indigent patients had poorer survival than non-indigent patients. The survival differences appeared to be distributed between high mortality from causes other than cancer and excess cancer mortality not accounted for by stage differences in the indigent patients. The authors postulate host differences associated with poverty, and draw analogies to other studies which show differences between black and white populations and international differences in cancer survival rates.

"Sentinel Lymph Node" Biopsy for Penile Carcinoma

Those patients with cancer of the penis who need lymph node dissection may be identified quite reliably by bilateral biopsy of the "sentinel lymph node" (SLN), which lies just ahead of the acetabulum. Cabanas (University Hospital, Asuncion, Paraguay, South America) reported 100 patients on whom lymphangiograms were performed via the dorsal lymphatics of the penis. The SLN appears to be the first site of metastases from penile carcinoma. SLN biopsies were positive for metastatic disease in 15 of 46 patients; these 15 had inguinal-femoral iliac dissections and in 12 patients no other involved nodes were found. Five-year survival figures were: with negative SLN, 90 percent; with
SLN alone involved, 70 percent; with SLN and other inguinal nodes involved, 50 percent. With iliac metastases, the three-year survival was 20 percent.

Metastatic Sites of Childhood Rhabdomyosarcoma

A large body of clinical data on children with rhabdomyosarcoma has recently become available through a cooperative clinical trial, and gives new information useful for therapeutic planning. Lawrence and others (Medical College of Virginia Cancer Center, Richmond, Virginia), reporting on 264 patients entered in the Intergroup Rhabdomyosarcoma Study, found a higher than expected incidence of lymphatic metastases from extremity (17 percent) and genitourinary sites (19 percent) and a somewhat lower incidence from the orbit (0 percent), the head and neck region (three percent) and trunk (10 percent). These differences in regard to lymphatic metastases were found to have no relationship to age, sex, tumor size or histologic type. The findings suggest that regional lymph node biopsy and/or dissection should be employed as part of the initial staging procedure for most children with rhabdomyosarcoma arising from extremities or genitourinary sites.

Detecting Metastases with Whole Lung Tomograms

Whole lung tomograms demonstrated pulmonary nodules in 25 patients who had normal chest X-rays but known extrathoracic cancers. It was proven by thoracotomy that 19 of these were metastatic disease. Neifeld and others (National Institute of Health, Bethesda, Maryland) suggest that improved long-term survival can be achieved by resection of metastases found by this screening procedure.

Sequential Oral Contraceptive: Link to Endometrial Ca

Oral contraceptives of the sequential type may be contributing causes of endometrial carcinoma, according to a study reported by Silverberg and others (University of Colorado Medical Center, Denver, Colorado). Although it is difficult to establish a valid control group and almost impossible to estimate the magnitude of the risk, the circumstantial evidence for the association appears valid.