

# Curbing Chemotherapy for Certain Breast Cancer Patients

## OSF HealthCare already adopting some findings of major study

It's welcomed news for thousands of women who have been or will be diagnosed with the most common form of early-stage breast cancer. They can safely skip chemotherapy without hurting their chances of beating the disease.

Focused on cases where the disease has not spread to the lymph nodes, is hormone positive and not the type targeted by the drug Herceptin, this largest ever done study on breast cancer treatment could spare up to 70,000 patients a year in the US the ordeal and expense of chemotherapy drugs.

Hematologist and medical oncologist at the Patricia D. Pepe Center for Cancer Care at OSF HealthCare Saint Anthony Medical Center, Dr. Ajaz Khan, says already fewer women are getting or needing chemotherapy because of earlier detection and advanced mammography. He says this study simply validates current treatment practices.

*"Patients, if they score intermediate to low on the genomic assay, that we can tell them without a shadow of doubt that the benefit of chemotherapy is very low for them," says Dr. Ajaz Khan, hematologist and medical oncologist at the Patricia D. Pepe Center for Cancer Care at OSF HealthCare Saint Anthony Medical Center.*

Dr. Khan points out that the study addresses a specific subset of patients with very small tumors. He also says the findings will not change the need for screenings, as well as genomic testing - and that radiation treatments and non-hormonal therapies will still be necessary.

Still, he adds, the no chemotherapy conclusion of the study will be an emotional relief for many women.

*"The hair loss, the nausea, the vomiting, fatigue, low blood counts, and they can last for several months," says Dr. Khan. And so, you look at that angst the patients have to go through - the difficulty, both psychosocial, physical and emotional - along with them and their families, I think it's a big advantage."*

Cancer care has been getting away from chemotherapy in favor of gene-targeting therapies, hormone blockers and immune system treatments. Even when chemo is used it's at lower doses and for shorter periods.

So, what are the next steps?

*"I think we need to determine how these tests are validated for women who have lymph node positive cancer," says Dr. Khan. Will they benefit from chemotherapy, or not? And how much will they benefit from it? The other thing, I think, is that a next step also is to look for genomic assays for women who don't have estrogen-rich tumors. What benefit do they have from chemotherapy? And we don't have a specific market for that test yet. And then, I think, the next step will be determining in terms of patients with the other type of tumor, which is the HER2/neu positive tumor. How long a treatment do they need? Is six months, a year, two years enough and can we genetically evaluate and can we genetically validate that with genomic testing?"*

Still, Khan says it's a wonderful time in oncology, where many more women are alive and cancer free following their diagnosis.

To learn more go to [www.osfhealthcare.org/services/cancer/](http://www.osfhealthcare.org/services/cancer/)

