

## CONTENTS

# Predicting Recurrence

Your doctor can't precisely predict if your cancer will recur, but depending on your type of cancer, stage, and other factors, a strategy for monitoring for recurrence can be put in place after treatment.

Typically, patients who had complete surgical removal of their tumor or those with early-stage, non-aggressive tumors are less likely to have their cancer recur. For most cancers, the risk of recurrence declines over time, but every cancer type has a different pattern. Certain types of acute leukemias and lymphomas are usually considered cured if no recurrence has been found after five years, whereas melanoma can recur 10 or 20 years after surgery. Certain cancers, such as lung, pancreas, or bladder, are more likely to recur than others.

Adjuvant therapy usually refers to hormone therapy, chemotherapy, radiation therapy, or immunotherapy added after surgery to increase the chances of curing the disease or to reduce the risk of recurrence. While surgery may remove the tumor, undetected cancer cells may remain, so the goal of adjuvant therapy is to kill or disable them. In addition, a healthy diet of fruits and vegetables and frequent exercise may help lower recurrence risk in many cancers.

Oncotype DX is a test that can be used to help doctors decide whether to give adjuvant chemotherapy to women with hormone receptor-positive invasive breast cancer. Testing for the function of 21 specific genes within a woman's breast cancer can predict the risk of recurrence, as well as the expected benefit from chemotherapy.

MammaPrint, a 70-gene assay used in women with early-stage breast cancer, can also help determine the risk of recurrence after surgery and radiation. If this profile signature shows that a woman has a high risk of recurrence, chemotherapy is recommended. Women at low risk, on the other hand, can be spared chemotherapy and its side effects.