

CONTENTS

Metastatic Breast Cancer: Understanding the Complexities

BY KATHY LATOUR

Median survival for white women diagnosed with advanced breast cancer steadily increased from 20 months in 1988 to 27 months in 2003, according to a study conducted by M.D. Anderson Cancer Center. [Data from the same study indicated African-American women did not enjoy the same increase, remaining unchanged at 17 months.]

Clifford Hudis, MD, chief of the Breast Cancer Medicine Service at Memorial Sloan-Kettering Cancer Center in New York, says any discussion of metastatic breast cancer has to start with the understanding that it is not one disease but a collection of diseases originating in the same tissue.

Dr. Hudis attributes the improvement in survival time to a number of factors.

"It's not like testicular cancer," Dr. Hudis says, "where the disease went from incurable to curable, or like chronic myelogenous leukemia, where a single drug (Gleevec) came along that revolutionized the treatment."

Instead, Dr. Hudis says, there has been incremental improvement. For example, one group of women, those with estrogen receptor-positive metastatic breast cancer who have a history of living well with metastatic disease because of its indolent nature, have been joined by the subset of women who are HER2-positive.

"We took what was a bad disease—HER2-positive breast cancer—and by targeting this receptor, we've improved outcome for that 20 percent of patients so that they actually now do slightly better than average," Dr. Hudis says, adding that the women still have progression and must struggle through a series of therapies.

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—Clifford Hudis, MD

Another part of the "living longer equation," says Dr. Hudis, is improvement in scanning technology that allows for earlier detection of metastasis, explaining

that finding metastases earlier gives the sense that women are living longer.

A factor that has greatly affected quality of life, he says, is management of side effects with drugs, such as bisphosphonates to prevent bone loss in women with bone metastases, and blood cell growth factors, which have sufficiently ameliorated treatment-related low blood counts.

“I think people who are leading a high quality of life are therefore more visible in the community with metastatic disease. They’re not as debilitated by treatment as they once were,” says Dr. Hudis.

The increase in support services has also improved quality of life, he adds, with numerous studies pointing to participation in group therapy as improving perception of pain, mood, and quality of life, while providing protection against depression and reducing stress.

Dr. Hudis is optimistic about the future and says he believes there will be a cure for some breast cancers. “We’ve never before had this degree of understanding of the molecular biology of cancer; we’ve never had so many potential targets. And the targeted therapies offer two things, not only the potential for improved outcomes, but also the potential for limited toxicity.”