

# Interdisciplinary Tumor Board

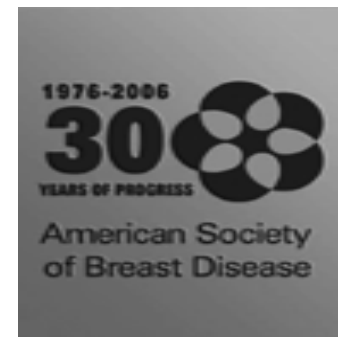
Friday, April 28  
2:45 pm – 4:30 pm

## Mini-Topic Presentation

*Effect of family history on radiation  
therapy outcome*

*Faculty*

**Krystyna Kiel, MD**



# Family history and radiation issues

1. Is there a higher risk of local recurrence?
2. Is there an additional risk of contralateral breast cancer?
3. Does the probability of carrying the BRCA1-2 gene impact on radiation therapy?

# Family history is associated with young age

## Affect of age on failure

<b>Disease-free survival</b>	
<i>Institute Curie</i>	
<33 yrs	72% 5-yr
34-40	85% 5-yr
>40	87% 5-yr
<i>International Breast Cancer Study Group</i>	
<35	35% 10-yr
>35	49% 10-yr

<b>Local recurrences</b>		
	<35	>35
MDAH (mastectomy)	12%	6-8%
UPenn	24%	14-15%
EORTC & DBCG	35%	9%
Leiden	28%	9%

# Family history and breast conserving therapy

*Risk of local and contralateral recurrence*

<b>Series</b>	<b>Type failure</b>	<b>+FH</b>	<b>-FH</b>
UPenn	Ipsilateral	8%	16%
Denver (24% BRCA+)	Ipsilateral	2%	2%
JCRT	Ipsilateral	3.4%	14%
Southampton	Ipsilateral	22%	24%
International Breast Cancer Study Group	Contralateral	4%	12%

# Radiation therapy, family history, and BRCA

		5-yr DFS	5-yr local control	10 or 12 yr local control	Comps
UPenn	BRCA+	78%	98%		1% skin 10% fibrosis
	Sporadic	80%	96%		3% skin 13% fibrosis
MSKCC	BRCA+		14.9%	22%	
	Askenazi BRCA-		4.5%	6.9%	
JCRT	BRCA+			49%	
	Sporadic			21%	

# Family history

- Little data to suggest that family history leads to any increased risks
  - Young age
  - BRCA positive
- Those risks are
  - Risk of late recurrence
  - Increased risk of contralateral recurrence
  - Effect on survival

# CASE #2: Post-op follow up

- The patient chooses lumpectomy and sentinel node mapping and is found to have a T1c N0 cancer.
- She undergoes systemic chemotherapy and radiation treatment.
- At a routine visit, she has no new findings but seems distressed and says “things are different with my husband.”

# CASE #2: Question 4

What should a physician do?

1. Don't address the statement.
2. Have nurse speak to patient after examination is over.
3. Make a statement regarding the normalcy of relationship concerns and offer information.
4. Refer to therapist who focuses on relationship issues.

# CASE #2: Question 4

What is your current practice (really)?

1. Don't address the statement.
2. Have nurse speak to patient after examination is over.
3. Make a statement regarding the normalcy of relationship concerns and offer information.
4. Refer to therapist who focuses on relationship issues.