

# MRI may be unnecessary prior to treatment in most newly diagnosed breast cancer patients

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New research findings published in the August issue of the *Journal of the American College of Surgeons* challenge the routine use of magnetic resonance imaging (MRI) as a means to improve surgical outcomes in newly diagnosed breast cancer patients. Researchers found that women diagnosed with breast cancer who received an MRI were more likely to undergo a mastectomy than breast conserving therapy (BCT), and may face delays in treatment. BCT is the removal of a tumor with a safe margin of normal tissue.

Although there is sufficient evidence that MRI is a beneficial screening tool in women with a high risk of developing breast cancer, prospective data demonstrating the benefits of MRI in the evaluation of newly diagnosed patients are lacking.

"Our study does not support the routine use of MRI to evaluate breast cancer, yet we found that more and more women with newly diagnosed breast cancer are getting these scans," said Richard J. Bleicher, MD, FACS, surgical oncologist and attending surgeon at Fox Chase Cancer Center in Philadelphia. "Although MRI can be of benefit in the detection of cancer because of its sensitivity, it has a well-documented false-positive rate that may be misleading women to choose mastectomies when instead they could have breast conserving therapy."

Records of patients diagnosed with breast cancer before referral to Fox

Chase Cancer Center from July 2004 to December 2006 were retrospectively reviewed and evaluated by a multidisciplinary team including radiologists, surgeons, radiation oncologists, and medical oncologists. Of the 577 patients reviewed, 130 patients (22.5 percent) had MRIs prior to treatment. When performed, MRIs were obtained before referral in 94.6 percent of patients.

The study showed that MRI scans in women with newly diagnosed [breast cancer](#) increased from 13 percent in 2004 to 27 percent in 2006. Most notably, researchers observed that patients who received an MRI were significantly more likely to undergo mastectomy as the initial surgery compared to BCT. Furthermore, women who received an MRI experienced an average delay of 22.4 days—from the initial symptom or abnormal imaging study—in receiving treatment evaluation ( $p=0.011$ ). There was no statistically significant difference between groups in either the ability to achieve complete removal of malignant cells with a single excision or the rate of unplanned mastectomy after BCT.

Source: Weber Shandwick Worldwide ([news](#) : [web](#))

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