

Lymphovascular invasion is independent predictor of survival

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In patients with invasive breast cancer, lymphovascular invasion is a strong and independent predictor of both breast cancer-specific survival and distant metastasis-free survival, according to a study published in the Aug. 1 issue of *Cancer*.

(HealthDay) -- In patients with invasive breast cancer, lymphovascular invasion (LVI) is a strong and independent predictor of both breast cancer-specific survival (BCSS) and distant metastasis-free survival (DMFS), according to a study published in the Aug. 1 issue of *Cancer*.

To assess the prognostic value of definite LVI in clinically and molecularly relevant staging subgroups, Emad A. Rakha, F.R.C.Path., of the Nottingham University Hospital [National Health Service](#) Trust in the United Kingdom, and colleagues conducted a study based on a series of 3,812 consecutive patients who had operable (pathologic T1 [pT1]-pT2, pathologic N0 [pN0]-pN3, M0) breast cancer.

The researchers found that, in the entire series and in different subgroups, LVI was a strong and [independent predictor](#) of BCSS and DMFS. In multivariate analysis, LVI independently predicted BCSS and DMFS in patients with operable breast cancer; in the pT1a-pT1c/pN0 and pT2/pN0 subgroups; in estrogen receptor (ER)-positive and ER-negative tumors; and in human epidermal growth factor 2 (HER2)-negative and triple-negative tumors. In patients with lymph-node negative tumors, LVI was associated with a survival disadvantage similar to that of having one or two involved lymph nodes (pN0 to pN1) or a one size category (pT1 to pT2).

"LVI has independent prognostic significance particularly in the low-risk pT1-pT2/N0 subgroup," the authors write. "We advocate the incorporation of LVI status into [breast cancer](#) staging systems."

More information: [Abstract](#)
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