

Treatment for hereditary breast cancer not always guideline-concordant

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(HealthDay)—Many women with early-stage breast cancer who test

positive for an inherited genetic variant are receiving cancer treatment that does not follow current guidelines, according to a study published online Feb. 6 in *JAMA Oncology*.

Allison W. Kurian, M.D., from Stanford University School of Medicine in California, and colleagues evaluated the association of germline genetic testing results with locoregional and systemic therapy use in [women](#) diagnosed with [breast cancer](#). Deviation of treatment from practice guidelines was assessed. Data from the Surveillance, Epidemiology, and End Results registries of Georgia and California were used to identify 20,568 women (aged ≥ 20 years) who were diagnosed with stages 0 to III breast cancer between 2014 and 2016.

The researchers found that compared with women whose test results were negative, those with *BRCA1/2* pathogenic variants were more likely to receive bilateral mastectomy for a unilateral tumor (61.7 versus 24.3 percent; odds ratio [OR], 5.52), less likely to receive postlumpectomy radiotherapy (50.2 versus 81.5 percent; OR, 0.22), and more likely to receive chemotherapy for early-stage estrogen and/or progesterone receptor-positive disease (38 versus 30.3 percent; OR, 1.76). For pathogenic variants in other breast cancer-associated genes (*ATM*, *CDH1*, *CHEK2*, *NBN*, *NF1*, *PALB2*, *PTEN*, and *TP53*), similar patterns were seen, but not with variants of uncertain significance.

"Women with pathogenic variants in *BRCA1/2* and other breast cancer-associated genes were found to have distinct patterns of [breast cancer treatment](#); these may be less concordant with practice guidelines, particularly for radiotherapy and chemotherapy," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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