Lumpectomy as good as mastectomy for tumours up to 5 cm

Scott Gottlieb *New York*

In women with breast cancers up to 5 cm across the rates of long term survival and metastasis-free survival are similar for mastectomy and breast conserving treatment, according to a new study.

Previous studies have shown both approaches to be similar for women with tumours equal to or less than 2 cm across, for which breast conserving treatment is widely used. But this is the first study to show equally good long term results even when the width of a tumour is as much as 5 cm.

The results suggest that breast conserving treatments, instead of mastectomy, could now be offered to most women with breast cancer, according to the researchers (*Journal of the National Cancer Institute* 2000;92:1143-50).

Women who have tumours less than 2 cm across often undergo lumpectomy. For women with larger tumours,

however, there was previously little evidence that breast conserving surgery offered long term benefits, according to the team of researchers led by Dr Harry Bartelink of the Netherlands Cancer Institute, in Amsterdam. For these women the recommended treatment is often modified radical mastectomy.

In the new study, researchers compared the survival of 868 women who were randomly assigned to undergo either lumpectomy or modified radical mastectomy to see whether women with tumours as wide as 5 cm could be treated effectively with breast conserving surgery. Of these women, 696 had a tumour that measured 2.1-5 cm.

Ten years after surgery, no significant difference in survival was found in women with larger tumours, regardless of the type of surgery. Almost two thirds of the women in each

group were still alive after 10 years. In addition, the cancer was no more likely to metastasise in women who had had a lumpectomy than in women who had had a mastectomy.

"This international trial has now shown that breast conserving therapy results in a similar survival rate as mastectomy, even for patients with larger tumours," Dr Bartelink said.

"Breast conserving therapy instead of mastectomy can therefore now be offered to the large majority of the breast cancer population as the majority of patients in the Western world nowadays present with tumours smaller than 5 cm."

Researchers, however, did find that about 20% of women in the lumpectomy group had a recurrence within 10 years, compared with about 12% in the mastectomy group, even if the recurrence did not affect 10 year survival.

Researchers said that it was important for further studies to establish which subgroup of women is at greatest risk of recurrence. □

Irish blood service sues its former medical consultant

Doug Payne *Dublin*

The Republic of Ireland's blood transfusion service, which is currently being investigated for infecting many of the country's haemophilic patients with HIV and the hepatitis C virus, is suing one of its former medical consultants after an earlier incident concerning contaminated blood products. The suit could become one of the biggest cases in Irish medicolegal history.

The doctor concerned, Dr Terry Walsh, who no longer works for the blood transfusion service, is fighting the High Court action through his insurers, the Medical Defence Union. He is accused of acting negligently during a period of years in the late 1970s and 1980s, when about 1600 women became infected with hepatitis C, through receiving contaminated anti-D immunoglobulin.

The Findlay tribunal into the affair found that in 1991 the Blood Transfusion Service Board had failed to notify recipients of anti-D immunoglobulin that the service had used, when making the blood product in the late 1970s, the plasma of a woman (known as patient X) who had hepatitis.

The tribunal concluded, in its March 1997 report, that the board had failed to report reactions to the anti-D immunoglobulin, had failed to investigate other possible cases of infection, and had failed to recall contaminated batches of anti-D immunoglobulin. It also said that the board had acted unethically in using patient X's plasma without asking her consent.

The tribunal said that Dr Walsh, a consultant haematologist, had been in neglect of his duty because he had failed to recommend against using the plasma of the woman.

A spokeswoman for the blood service—now called the Irish Blood Transfusion Service—confirmed that a "substantial" claim had been lodged in 1998 after a decision taken by the board of the blood service. □

US judge approves distribution of marijuana

Deborah Josefson *San Francisco*

A federal judge in Oakland, California, has approved the distribution of marijuana for medicinal purposes from a "medical marijuana" club. The decision marks the first time a federal judge has overturned a federal injunction against marijuana and may lead to more widespread approval of marijuana for medical purposes.

US district court judge Charles Breyer ruled that the Oakland Cannabis Buyers Cooperative could provide marijuana to club members who required it for medicinal purposes and would face "imminent harm" without it.

By allowing the Oakland club to operate, Judge Breyer overturned an injunction he issued in 1998 that shut down that club and five others. The Oakland club was

the only one that appealed against his original ruling.

He noted that the ninth US Circuit Court of Appeals in San Francisco ordered him to consider an exemption for patients who faced imminent harm and who had no effective legal alternative to marijuana. In arriving at his decision, Judge Breyer found that the government failed to show a reason why seriously ill people should be denied medicinal marijuana.

Marijuana is helpful as an antiemetic and appetite stimulant and has been proposed as an adjunct to treatment for AIDS and cancer. Cannabis derivatives such as marinol, however, are currently available as pharmaceutical drugs for these purposes.

Californian voters approved the use of medical marijuana in a 1996 initiative known as Proposition 215. The initiative allows seriously ill patients to grow and use marijuana for medicinal purposes as long as a doctor has recommended it and is following the patient.

In San Francisco such

Passport to pot: a patient shows her medical marijuana card

patients pay \$25 (£17) for an identification card that is valid for two years and serves to distinguish them from recreational users.

The Californian initiative is, however, at odds with the federal stance, which considers marijuana to be an illegal drug without valid medicinal properties.

Medical marijuana initiatives have also passed in Alaska, Arizona, Hawaii, Maine, Nevada, Oregon, and Washington. □