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2011 BREAST CANCER SYMPOSIUM RESEARCH REVEALS TRENDS IN SURVIVAL, TREATMENT

ALEXANDRIA, Va. – New studies on breast cancer screening, treatment, and survival were released today in advance of the 2011 Breast Cancer Symposium. The symposium is being held September 8-10, 2011, at the San Francisco Marriott Marquis in San Francisco.

Four major studies were highlighted in today's presscast:

- **Two Studies Report Similar Recurrence, Survival Rates for Breast Conservation and Mastectomy among Younger Women with Breast Cancer:** A pair of studies indicates comparable outcomes – in local recurrence and survival rates – for lumpectomy (breast conservation surgery) or mastectomy (entire breast removal) among women with breast cancer age 40 and younger.
 - **[Study Finds Recurrence Rates are Similar in Younger Women Who Have Either Breast Conservation Surgery or Mastectomy](#):** A retrospective study of medical records of more than 600 women aged 40 and younger who were diagnosed with up to stage III breast cancer, analyzed according to the type of surgery (lumpectomy versus mastectomy) the women had, found no statistically significant difference in local cancer recurrence risk.
 - **[Large Analysis Shows Breast Conservation and Mastectomy Result in Similar Survival Among Younger Women With Early Stage Breast Cancer](#):** Using the National Cancer Institute's SEER (Surveillance, Epidemiology, and End Results) database, investigators compared overall survival and breast cancer-specific survival among nearly 15,000 women age 40 and younger, finding no significant differences between the two groups.
- **[New Statistical Tool May Predict Risk of Common Debilitating Side Effect – Lymphedema – Associated with Breast Cancer Surgery](#):** Researchers have created a set of statistical models that are more than 70 percent accurate for predicting the five-year risk of developing lymphedema (debilitating swelling) after lymph node removal during breast cancer surgery.

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- **[Large Michigan Study Suggests Continued Importance of Self-Exams, Annual Mammography in Breast Cancer Detection, Even in Younger Women](#)**: An analysis of breast cancer diagnosis data from nearly 6,000 women in Michigan suggests that mammography and self-breast exams remain important tools for detecting breast cancer, even among women aged 40 to 49 for whom routine mammography has been questioned by the U.S. Preventive Services Task Force (USPSTF).

“Improvements in detection, as well as insights into surgical treatment options and their outcomes, have increasingly led to longer, improved lives for women with breast cancer,” said Andrew Seidman, MD, American Society of Clinical Oncology Cancer Communications Committee member. “The studies presented today reflect the impact of these advances in treatment approaches on patient outcomes and treatment decision-making.”

In 2011, an estimated 230,480 new cases of invasive breast cancer are expected to occur in women in the United States, and another 2,140 cases are expected in U.S. men. An additional 57,650 cases of in situ (non-invasive) breast cancer are expected to occur in U.S. women as well, totaling more than 290,000 new cases.* This year’s Breast Cancer Symposium will include more than 300 abstracts and focus on a range of breast cancer topics that range from prevention and screening to treatment and survivor care.

About the 2011 Breast Cancer Symposium

The fifth annual Breast Cancer Symposium is co-sponsored American Society of Breast Disease, the American Society of Breast Surgeons, the American Society of Clinical Oncology, the American Society for Radiation Oncology, the National Consortium of Breast Centers and the Society of Surgical Oncology. *Susan G. Komen for the Cure®*, the world’s largest grassroots network of breast cancer survivors and advocates, is the primary supporter of the Symposium.

Information for Media: www.asco.org/BCSpreskit

Relevant Links on ASCO’s [Cancer.Net](#):

- [Guide to Breast Cancer](#)
- [Cancer Screening](#)
- [Mammography – What to Expect](#)
- [Expert Perspective from ASCO on Mammography Screening for Breast Cancer](#)
- [Understanding Cancer Surgery](#)
- [Talking With the Doctor About Breast Surgery Options](#)
- [After Treatment for Breast Cancer: Preventing Lymphedema](#)
- [Coping With Fear of Recurrence](#)

Relevant Links on ASCO’s [CancerProgress.Net](#) Website:

- cancerprogress.net/breast

* **Source:** *Cancer Facts & Figures 2011*. Atlanta, GA; American Cancer Society: 2011.

Two Studies Report Similar Recurrence, Survival Rates for Breast Conservation and Mastectomy Among Younger Women with Breast Cancer

A pair of studies indicate comparable outcomes – in local recurrence and survival rates – for lumpectomy (breast conservation surgery) or mastectomy (entire breast removal) among women with breast cancer age 40 and younger. Young age at diagnosis is considered a risk factor for breast cancer recurrence, and there has been a trend in recent years among young women to increasingly choose mastectomy rather than lumpectomy – despite a lack of definitive evidence showing improved survival. As a result, these findings may have important implications in treatment decisions.

General Poster Session A, Poster #D14
Yerba Buena Ballroom, Salon 8
Thursday, September 8, 11:30 AM-1:00 PM PT

Julliette Buckley, MD
Massachusetts General Hospital
Boston, MA

Study Finds Recurrence Rates are Similar in Younger Women Who Have Either Breast Conservation Surgery or Mastectomy

In this retrospective study, Julliette Buckley, MD, a fellow in breast surgery at Massachusetts General Hospital in Boston, and colleagues reviewed medical records of 628 women aged 40 and younger who were diagnosed with up to stage III breast cancer between 1996 and 2008. They examined various patient demographic data, such as tumor characteristics, type of surgery, pre- or post-surgery therapy, site and date of recurrence, and length of follow-up (median follow-up was 72 months), and determined rates of local recurrence, distant recurrence and overall survival.

When they analyzed the data according to the type of surgery the women had, they found no statistically significant difference in local cancer recurrence risk. Thirty out of 421 women who underwent breast conserving therapy and 12 of 161 patients who had a mastectomy developed a local recurrence during the study period. This corresponds to local recurrence rates at 5 and 10 years after breast conservation of 4.6 percent and 13.3 percent, and 8.5 percent and 10.8 percent at 5 and 10 years after mastectomy.

“Although the majority of women in our study underwent breast conserving therapy, previous research has suggested that this procedure leaves women at greater risk for local recurrence. However, we found no significant difference in the rates of local recurrence between women treated with breast conserving surgery or mastectomy. These results suggest that advances in chemotherapy, imaging and radiation have reduced local and distant recurrence risks and have made breast conserving therapy a safe option for many young women,” said Dr. Buckley.

Abstract #70

Title: Recurrence rates and long-term survival in women diagnosed with breast cancer at age 40 and younger.

Authors: J. M. Buckley, S. Coopey, S. Samphao, M. Specht, K. S. Hughes, M. Gadd, A. G. Taghian, B. L. Smith; Massachusetts General Hospital, Boston, MA

Background: Young age at diagnosis of breast cancer has been reported to be an independent risk factor for disease recurrence. However, there is little data on long term survival of young patients. We present long term follow up of a large cohort of women diagnosed with breast cancer at age 40 and younger. We determined rates of loco-regional recurrence (LRR), distant recurrence, and overall survival and adjusted for the patient and tumor characteristics which potentially predict outcomes. **Methods:** Following Institutional Review Board approval, data from the medical records of 628 women diagnosed with breast cancer at age 40 or younger between 1996 and 2008 were collected. Survival curves were estimated using the Kaplan Meier method. **Results:** Median age was 37 years (range: 21-40) and median follow-up was 72 months (range: 5-177). The rates of LRR as a first site of recurrence were 5.56% at 5 years and 12.11% at 10 years. In the entire population, with median follow-up of 72 months, there was no difference in the rates of loco-regional failure between

patients who underwent breast conserving therapy (7.34%) compared to mastectomy (7.40%) ($p=0.980$). The rates of distant recurrence as a first event were 10.65% at 5 years and 14.58% at 10 years. Overall survival was 93.1% at 5 years and 87.26% at 10 years. 79.1% of patients received systemic therapy. For patients who developed disease recurrence, either LRR or distant, median time to first recurrence was 35 months (range: 3-167). **Conclusions:** Women aged 40 and younger at diagnosis of breast cancer have a good prognosis, with low overall recurrence rates at 5 and 10 years. Local recurrence in our cohort is lower than in prior studies, suggesting advances in therapy have made breast conservation a safe option in young breast cancer patients. **Disclosures:** Nothing to disclose.

Oral Abstract Session A
Yerba Buena Ballroom, Salon 8
2:10-2:20 PM PT

Usama Mahmood, MD
University of Texas M.D. Anderson Cancer Center
Houston, TX

Large Analysis Shows Breast Conservation and Mastectomy Result in Similar Survival Among Younger Women With Early Stage Breast Cancer

Using the National Cancer Institute's SEER (Surveillance, Epidemiology, and End Results) database, investigators led by Usama Mahmood, MD, a fellow in radiation oncology at the University of Texas M.D. Anderson Cancer Center, compared overall survival and breast cancer-specific survival among 14,760 women ages 20 to 39 who were diagnosed with early stage breast cancer between 1990 and 2007. Of these women, 45 percent received breast conservation therapy and 55 percent underwent mastectomy. All patients in the breast conservation group received adjuvant radiation, while 17 percent of the mastectomy group received such radiation. Median follow-up was 5.7 years.

After accounting for a number of patient variables, including year of diagnosis, age, race/ethnicity, tumor grade, progesterone receptor status, tumor size, and lymph node status, they found no difference in overall and cancer-specific survival between the two groups.

The researchers also looked at a smaller subset of 4,644 women who had either breast conservation surgery or mastectomy who were matched according to specific factors such as tumor size, tumor grade, and number of positive nodes. They again found no differences in overall or cancer-specific survival. After 5, 10 and 15 years, the overall survival for the breast conservation group was 92.5 percent, 83.5 percent and 77 percent, respectively. For those who underwent mastectomy, overall survival was 91.9 percent, 83.6 percent and 79.1 percent, respectively. Breast cancer-specific survival rates were also similar between the two groups of women.

“Our findings provide reassurance that breast conservation therapy leads to similar survival outcomes as mastectomy even in younger women with early stage breast cancer,” said Dr. Mahmood, who conducted much of the research while at the University of Maryland Marlene and Stewart Greenebaum Cancer Center. “These findings can provide reassurance to younger women with early-stage breast cancer who are considering less aggressive surgery.”

Abstract #85

Title: Equivalent survival with breast-conservation therapy or mastectomy in the management of young women with early-stage breast cancer.

Authors: U. Mahmood, C. G. Morris, G. A. Neuner, M. Koshy, S. Kesmodel, R. Buras, S. Chumsri, T. Bao, K. H. Tkaczuk, S. J. Feigenberg; University of Maryland, Baltimore, MD; Department of Radiation Oncology, University of Florida, Gainesville, FL; The University of Chicago, Chicago, IL; Department of Medicine, University of Maryland School of Medicine and University of Maryland Greenebaum **Background:** Previous studies have shown that young women with breast cancer treated with breast-conservation therapy (BCT) experience higher local recurrence rates. Whether such patients are better treated with mastectomy is unclear. The purpose of this study was to evaluate survival outcomes of young women with early-stage breast cancer treated with BCT or mastectomy using a large, population-based database. **Methods:** Using the Surveillance, Epidemiology, and End Results (SEER) database, information was obtained for all female patients age 20 to 39

diagnosed with T1-2 N0-1 M0 breast cancer between 1990 and 2007 who underwent either BCT (lumpectomy and radiation treatment) or mastectomy. Multivariable analysis as well as a matched pair analysis were performed to compare overall survival (OS) and cause-specific survival (CSS) of patients undergoing BCT and mastectomy. **Results:** 14,760 women were identified, of whom 45% received BCT and 55% received mastectomy. Median follow-up was 5.7 years (range: 0.5 to 17.9 years). Multivariable analysis revealed year of diagnosis, age, race/ethnicity, grade, PR status, tumor size, number of lymph nodes positive, and number of lymph nodes examined were independent predictors of OS and CSS while ER status was of borderline significance. After accounting for all patient and tumor characteristics, multivariable analysis found that BCT resulted in similar OS (HR: 0.93; CI: 0.83-1.04; p = 0.16) and CSS (HR: 0.93, CI: 0.83-1.05; p = 0.26) as mastectomy. Matched pair analysis, including 4,644 BCT and mastectomy patients, confirmed no difference in OS or CSS: the 5/10/15-year OS for BCT and mastectomy were 92.5%/83.5%/77.0% and 91.9%/83.6%/79.1%, respectively (p = 0.99) and the 5/10/15-year CSS for BCT and mastectomy were 93.3%/85.5%/79.9% and 92.5%/85.5%/81.9%, respectively (p = 0.88). **Conclusions:** Young women with early-stage breast cancer have equivalent survival whether treated with BCT or mastectomy. These patients should be counseled appropriately regarding their treatment options, and should not choose a mastectomy based on the assumption of improved survival. **Disclosures:** Nothing to disclose.

**General Poster Session A, Poster #A6
Yerba Buena Ballroom, Salon 8
Thursday, September 8, 11:30 AM-1:00 PM PT**

**Jose Bevilacqua, MD, PhD
Hospital Sirio Libanes
Sao Paulo, Brazil**

**New Statistical Tool May Predict Risk of Debilitating Common Side Effect – Lymphedema –
Associated with Breast Cancer Surgery**

Researchers have created a set of statistical models that are more than 70 percent accurate for predicting the five-year risk of developing lymphedema after lymph node removal during breast cancer surgery. While the models continue to be refined, they could eventually become a useful decision-making tool for physicians. This is the largest-ever prospective study of lymphedema occurrence, and these findings have important implications because it is currently very difficult to predict which patients with breast cancer will develop this surgical side effect.

In breast cancer patients, lymphedema is a swelling under the arm characterized by localized fluid retention and tissue swelling that can occur following axillary (underarm) lymph node surgery, which is often necessary if the cancer has spread to the lymph nodes. It can be a chronic, disabling condition and affects about one-third of patients who have axillary lymph node surgery – approximately 4 million patients worldwide.

Investigators led by Jose Bevilacqua, MD, PhD, a surgical oncologist at Hospital Sirio Libanes in Sao Paulo, Brazil, prospectively studied 1,054 women with breast cancer undergoing axillary dissection between 2001 and 2002. The overall five-year incidence of lymphedema in the group was 30.3 percent.

Using a variety of clinical factors, including age, body mass index, ipsilateral (on the same side of the body) arm chemotherapy infusions, level of axillary dissection, location of radiotherapy field, development of postoperative seroma (fluid build-up), infection and early edema (swelling), the researchers developed three models and corresponding nomograms (graphic representation of a mathematical model) to predict the risk of developing lymphedema at different points in time following surgery:

- In model 1, the goal was to predict lymphedema risk in advance of the surgery. It considered factors such as age, body mass index and number of cycles of chemotherapy prior to surgery.
- For model 2, within six months of having surgery, these same predictors were used along with the extent of axillary dissection and the location of the radiotherapy field.
- Model 3 aimed to predict lymphedema risk six months or later after surgery. It considered the same risk factors as model 2, plus the development of fluid buildup and swelling.

The researchers compared the models' predictions to the actual occurrence of lymphedema in this group of women, and found "concordance indexes" of .706, .729 and .736, respectively, for models 1, 2 and 3, meaning that the models correctly predicted a patient would develop lymphedema more than 7 out of 10 times.

"These models performed well," Dr. Bevilacqua said. "The statistical models and the corresponding nomograms use readily available clinical factors and allow for quick and easy estimation of individual risks of developing lymphedema after axillary lymph node surgery in women with breast cancer. For the

sake of comparison, these modeling tools are as accurate for predicting a woman's risk of developing lymphedema as mammography is for the detection of breast cancer.”

Dr. Bevilacqua suggested that the models may become useful decision-making tools in some cases to help physicians choose whether or not to recommend axillary dissection. “Knowing the risk of lymphedema can be important information to have when we speak to our patients about axillary dissection.”

The researchers believe that theirs is the first model to predict the risk of lymphedema, and they plan to continue to develop future models that they hope can be even more accurate. These models are available online for free. To date, one tool to calculate arm volume is already available (www.armvolume.com), while the other – the models to estimate the risk of lymphedema – will be available after journal publication (www.lymphedemarisks.com), though it will be accessible during the 2011 Breast Cancer Symposium.

Abstract #8

Title: Nomograms for predicting the risk of arm lymphedema after axillary dissection in breast cancer.

Authors: J. L. B. Bevilacqua, M. W. Kattan, C. Yu, S. Koifman, I. E. Mattos, R. J. Koifman, A. Bergmann; Hospital Sírio Libanês, São Paulo, Brazil; Department of Quantitative Health Sciences, Cleveland Clinic, Cleveland, OH; Cleveland Clinic, Cleveland, OH; Escola Nacional de Saúde Pública, Fiocruz, Rio de Janeiro, Brazil

Background: Lymphedema (LE) after axillary dissection (AD) is a multifactorial, chronic, and disabling condition that currently affects an estimated 4 million people worldwide. Although several risk factors have been described, it is difficult to estimate the risk in individual patients. We therefore developed nomograms based on a large data set. **Methods:**

Clinicopathological features were collected from a prospective cohort study of 1,054 women with unilateral breast cancer undergoing AD as part of their surgical treatment from 8/2001 to 11/2002. LE was defined as a volume difference of at least 200 mL between arms at 6 months or more after surgery. The cumulative incidence of LE was ascertained by the Kaplan-Meier method, and Cox proportional hazards models were used to predict the risk of developing LE based on the available data at each timepoint: (I) preoperatively; (II) within 6 months from surgery; and (III) 6 months or later after surgery.

Results: The 5-year cumulative incidence of LE was 30.3%. Independent risk factors for LE were age, body mass index, ipsilateral arm chemotherapy infusions, level of AD, location of radiotherapy field, development of postoperative seroma, infection, and early edema. When applied to the validation set, the concordance indexes were 0.706, 0.729, and 0.736 for models I, II, and III, respectively. **Conclusions:** The proposed nomograms can help physicians and patients to predict the 5-year probability of LE after AD for breast cancer. Free online versions of the nomograms will be available. **Disclosures:** Nothing to disclose.

**General Poster Session A, Poster #A1
Yerba Buena Ballroom, Salon 8
Thursday, September 8, 11:30 AM-1:00 PM PT**

**Jamie Caughran, MD
Comprehensive Breast Center at
Lacks Cancer Center
Grand Rapids, MI**

Large Michigan Study Suggests Continued Importance of Self-Exams, Annual Mammography in Breast Cancer Detection, Even in Younger Women

An analysis of breast cancer diagnosis data from nearly 6,000 women in Michigan suggests that mammography and self-breast exams remain important tools for detecting breast cancer, even among women aged 40 to 49 for whom routine mammography has been questioned by the U.S. Preventive Services Task Force (USPSTF).

Researchers found that women under the age of 50 who have breast cancer were more likely to be diagnosed based on a palpable mass (detectable by feel) rather than through mammography. Those women diagnosed because of a palpable mass had a more advanced stage of cancer and were more likely to undergo mastectomy as opposed to breast conservation surgery.

Using a statewide breast cancer registry compiled from 14 institutions through the Michigan Breast Oncology Quality Initiative, Jamie Caughran, MD, Medical Director of the Comprehensive Breast Center at the Lacks Cancer Center in Grand Rapids, Michigan, and her research team examined data on breast cancer diagnosis and treatment gathered on 5,903 women between 2006 and 2009 to determine how the 2009 USPSTF breast cancer screening recommendations might affect future breast cancer detection, particularly in women age 40 to 49. The study examined data on the method of detection, cancer stage, age at detection, treatment type and patient demographics.

In 2009, the USPSTF recommended that mammograms should only be conducted biennially after 50 years of age, and those women aged 40 to 49 should not be offered routine mammography but should discuss the risks and benefits with their physicians. The recommendations also discouraged teaching breast self-examinations, citing a high number of benign biopsies performed after a palpable breast mass is found. The previous recommendations stated that women aged 40 to 49 should undergo routine mammography every year. The new recommendations were controversial because in many cases they were in conflict with more established approaches, which included annual screening mammograms for women between ages 40 and 49, and encouraged regular self-exams.

In their review, the investigators in this study found that overall, 65.5 percent of breast cancers were detected by mammography, 29.8 percent were detected by palpation and 4.7 percent by other methods. The majority of women whose tumors were detected by mammography (3,869) were over 50 (81 percent). Of women whose tumors were found by palpation (1,759), 40 percent were under 50. In women under 50, cancers were detected by mammography in 48.3 percent of women compared to 46.1 percent detected by palpation.

Women with palpable tumors had more advanced cancers; 50 percent and 17 percent were diagnosed at stage II and III, respectively, compared to 18 percent and 4 percent found through mammography. As a result, the researchers found that patients whose tumors were detected through palpation were more likely to undergo mastectomy (46 percent) than those found by mammography (27 percent). Women whose tumors were diagnosed by palpation were also more likely to undergo chemotherapy (22.7 percent) than those diagnosed by mammography (15.7 percent).

“While there has been ongoing debate about when and how breast cancer screening should occur, this study validates that women who undergo regular mammography screening present at earlier stages and often require less aggressive treatment than those who do not. This is true for women older than 50 years, as well as women aged 40 to 49 years for whom routine mammography is questioned by the USPSTF,” said Dr. Caughran. “In addition, women of all ages presented with palpable tumors, highlighting the use of self-breast exam as an important public health measure.”

Abstract #1

Title: Clinical presentation of breast cancer: Age, stage, and treatment modalities in a contemporary cohort of Michigan women.

Authors: D. R. Smith, J. Caughran, J. L. Kreinbrink, G. K. Parish, S. M. Silver, T. M. Breslin, J. E. Pettinga, A. M. Mehringer, C. A. Wesen, H. Yin, D. Share, A. T. Davis, F. T. Pleban, T. A. Bacon-Baguley; Grand Valley State University, Grand Rapids, MI; Richard J. Lacks Sr. Cancer Center, St. Mary's Health Care, Grand Rapids, MI; University of Michigan, Ann Arbor, MI; University of Michigan Comprehensive Cancer Center, Ann Arbor, MI; Spectrum Health, Grand Rapids, MI; MiBOQI, University of Michigan, Ann Arbor, MI; Michigan Breast Specialists, Grosse Pointe Woods, MI; BlueCross BlueShield of Michigan, Southfield, MI; Grand Rapids Medical Education Partners, Grand Rapids, MI; Health Sciences Consultant and Freelance Medical/Health Writer, Macomb, MI **Background:** The U.S. Preventative Services Task Force (USPSTF) revised their breast cancer screening recommendations in 2009 changing their stance on age and frequency of mammography screening to biennial exams starting at age 50. The purpose of this study is to analyze data from a statewide breast cancer registry managed by the Michigan Breast Oncology Quality Initiative (MiBOQI) to determine the impact of these new recommendations on diagnosing and treating breast cancer. **Methods:** De-identified data were collected on women participating in the MiBOQI registry at seventeen statewide institutions from 2006-2009. Data included method of detection, cancer stage, age at detection, treatment type, and patient demographics. Participants were stratified based on age, and data analyzed using NCSS software (chi-square and t-tests). **Results:** 5903 women with breast cancer with an average age at diagnosis of 59.4 years were included. 65.5% of breast cancers were detected via mammography, 29.8% by palpation, and 4.7% by other methods. In women under 50 years of age, cancers were detected by mammography in 48.3% (69.3% >50yr) and by palpation in 46.1% (24.1% >50yr). Patients with palpable presentations were younger (55.8 yr vs. 61.2 yr; p <0.001). Cancers with a palpable presentation were diagnosed at higher stages (50.0% stage II) than with mammography (52.5% stage I; p<0.001). Breast conservation surgery occurred more frequently than mastectomy (palpation 54.2%; mammography 72.9%, p<0.001) but cancers detected through palpation were more likely to undergo mastectomy procedures. **Conclusions:** Results of this study validate the importance of annual screening mammography in women older than 50 years, and women aged 40 to 49 years recently omitted from screening guidelines. There was an increased prevalence of palpation for the method of detection in women less than 50 years of age. If screening mammography is omitted in this group, cancers when detected may be of a more advanced stage and result in more mastectomies. This study also supports the use of palpation as a method of detection despite recent recommendations against teaching self breast exams by USPSTF. **Disclosures:** Nothing to disclose.

2011 Breast Cancer Symposium News Planning Team

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[Click here](#) to view the disclosures for the News Planning Team.

ATTRIBUTION TO THE 2011 BREAST CANCER SYMPOSIUM IS REQUESTED IN ALL NEWS COVERAGE.

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