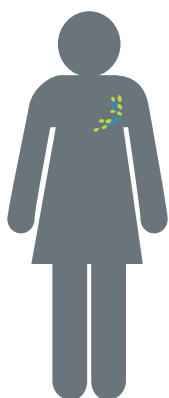


LESS IS SOMETIMES MORE IN SURGERY, RADIOTHERAPY, AND CYTOTOXIC CHEMOTHERAPY

Researchers have learned that less aggressive surgery, radiotherapy, and cytotoxic chemotherapy can be appropriate for some patients, allowing them an improved quality of life without an adverse effect on their survival. Here we highlight one example of treatment de-escalation for each of these therapeutic modalities:



In 2016, the American Society of Clinical Oncology introduced new guidelines recommending that an invasive surgical procedure called axillary lymph node dissection was no longer needed for a defined group of women with breast cancer (144). New research showing that these women had equally good disease-free and overall survival after 10 years whether or not they had an axillary lymph node dissection provides additional support for the guideline change (145).

In 2018, the American Society for Radiation Oncology introduced new guidelines recommending expanding the use of hypofractionated radiotherapy for treating breast cancer (146).



This change was spurred by research showing that hypofractionated radiotherapy, whereby patients receive fewer but higher doses of radiotherapy over a shorter time period compared with the traditional course of radiotherapy, is as effective as the traditional course of radiotherapy and has fewer adverse effects (147–150).



In 2018, the National Comprehensive Cancer Network recommended reducing the length of time certain patients with colon cancer received cytotoxic chemotherapy after surgery has removed the cancer.