

# TESTING TREATMENTS

## Chapter 3, 3.2 TESTING TREATMENTS

take part in trials comparing these treatments with standard therapies. As a result it took far longer than anticipated to get reliable answers.

But despite the difficulties of obtaining unbiased evidence in the face of such pressures, some clinical trials were carried out and other evidence reviewed critically. And by 2004, a systematic review of the accumulated results of conventional chemotherapy compared with high-dose chemotherapy followed by bone marrow transplantation, as a general treatment for breast cancer, failed to reveal any convincing evidence that it was useful.<sup>10, 11</sup>

### DARE TO THINK ABOUT DOING LESS

So, more is not always better – and this message remains important. Today, in women with metastatic (widespread) breast cancer, there is considerable enthusiasm for treatments such as Herceptin (see above and Chapter 1). Yet, at best, Herceptin offers these patients a small chance of a longer life – measured sometimes only in days or weeks – at the expense of serious side-effects, or sometimes even death from the treatment itself.<sup>12,13</sup> This tendency to over-treat is also evident at the other end of the breast cancer spectrum. For example, excessive and often unnecessary treatments have been used in women with pre-cancerous conditions such as ductal carcinoma in situ (DCIS) detected by breast screening (see Chapter 4), when DCIS might never go on to cause a woman a problem in her lifetime if left untreated. Meanwhile, the need for routine surgery to remove lymph nodes in the armpit, which risks unpleasant complications affecting the arm such as lymphoedema (see Chapter 5), is being increasingly challenged, since its addition to other treatments does not seem to improve survival.<sup>14</sup>

### KEY POINT

- More intensive treatment is not necessarily beneficial, and can sometimes do more harm than good