

SOUTHWESTERN NEWS

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DUCTAL LAVAGE HELPS DETECT EARLIEST SIGNS OF BREAST CANCER IN HIGH-RISK WOMEN

DALLAS – Nov. 2, 2000 – A UT Southwestern Medical Center at Dallas doctor is performing a new procedure that can detect pre-malignant and malignant breast cells long before they become visible tumors.

Dr. David Euhus, assistant professor of surgical oncology, was an investigator in the clinical trials for ductal lavage, a technique in which samples of milk-duct cells are collected to be analyzed for cancerous or precancerous changes. Euhus now offers the procedure at UT Southwestern, one of only two medical centers in North Texas providing ductal lavage.

Months or even years before a tumor can be seen on a mammogram or felt in a physical exam, cells in the breast may show the first signs of cancer. On average, eight to 10 years pass between the time breast cells become cancerous and the time the cancer is diagnosed. The majority of all breast cancers begin in the cells lining the milk ducts, making ductal lavage a promising approach for monitoring changes in these cells.

The technique is targeted at high-risk women – those whose mothers, sisters or other close relatives have been diagnosed with breast cancer; who have a personal history of breast cancer; who have a history of two or more benign breast biopsies; or who show evidence of a specific genetic change that increases susceptibility to breast cancer.

Euhus said that ductal lavage, while not likely to be useful in a mass screening capacity such as mammography, would help some high-risk women make choices that could lower their breast-cancer risk.

“I see this being used in high-risk women as an adjunct to risk assessment,” Euhus said. “If abnormal cells are found in ductal lavage, it may be enough to help a woman make a decision about tamoxifen.”

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Tamoxifen citrate has been shown to reduce the rate of invasive breast cancer by 45 percent in high-risk women.

Ductal lavage is a minimally invasive procedure that takes about 30 minutes. First, an anesthetic cream is applied to the nipple area. Gentle suction is used to draw tiny amounts of fluid from the milk ducts to the nipple surface to locate the ducts' natural openings. Then, a hair-thin catheter is inserted into a milk duct opening on the nipple. A small amount of anesthetic is infused into the duct, followed by a slow introduction of saline to "rinse" the duct and collect cells. The cell samples are sent to a laboratory for analysis.

Euhus said the results will show either normal cells, atypical cells that are not suspicious, atypical cells that are suspicious or cancerous cells.

Euhus stressed that ductal lavage should only be used in addition to mammography and physical examinations, and after risk assessment shows the patient is at increased risk of developing breast cancer.

"We don't yet know how good a screening tool ductal lavage is. We know how good mammography is," he said.

The ductal lavage technique used at UT Southwestern was developed by Pro-Duct Health, a Menlo Park, Calif.-based company, which also trains physicians in the procedure.

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